

Application Checklist for Reinstatement of a Revoked Nursing License
(Submit with Application)

YES	NO	N/A	STANDARD
			It has been more than 12 months since my license was revoked. (If no, it is too soon to submit an application).
			Application fee included As of January 1, 2013, the application fee is \$500. Please see <u>Alabama Board of Nursing Administrative Code § 610-X-4-.14</u> for further information on acceptable payment methods.
			Acceptable payment method type of payment submitted: _____
			Part A – General Information completed
			If you are now using a different name, please submit appropriate documents with your application. Please see <u>Alabama Board of Nursing Administrative Code § 610-X-4-.11</u> for further information on notice requirements.
			Part B – General Questions completed
			Part C – Community Service completed
			Part D – Continuing Education (CE) completed
			CE listed on CE form
			CE certificates included
			24 hours of CE earned within the 24 months preceding application submission Please see <u>Alabama Board of Nursing Administrative Code §§ 610-X-4-.10 and 610-X-10</u> for further information on CE.
			Part E – Licensure Status completed
			Form 3R – Verification of Licensure in Another Jurisdiction completed
			Complete a separate form for each request
			Follow the process of the jurisdiction from which you are requesting verification to be sent to Alabama
			Please indicate if verification from one or multiple states was requested through <i>Nursys</i> either on this form or in Part E
			Include any disciplinary orders issued by other jurisdictions if not included with licensure verification
			Part F – Employment History completed
			ALL employment since nursing school graduation to the present date is noted
			Periods of unemployment are explained
			Employment since revocation of the nursing license requires:
			Name, address, telephone number of any employer
			Name of any supervisor
			Dates of employment
			Job title
			Description of job duties
			Reason for leaving employment

			Part G – Professional Rehabilitation Activities completed
			Form 2R – Authorization to Release Treatment Records completed
			Current Comprehensive Chemical Dependency Evaluation from a Board-recognized treatment provider whose program includes a health care professionals tract Date of Evaluation: _____
			Board-recognized treatment provider: Circle one UAB-ARP Bradford-Warrior Talbott Pine Grove Copac
			Evidence of compliance with all treatment provider recommendations
			12 step meeting attendance (minimum of 3 meetings per week)
			Individual Therapy
			Other: _____
			Other: _____
			Other: _____
			12 months of drug screens obtained from participation in the Board-recognized program of random drug testing <i>following the completion of the Comprehensive Evaluation and any recommended treatment</i>
			Evaluator statement regarding fitness to return to the practice of nursing
			*Physical or mental impairment
			*Current neuropsychological evaluation
			*Current physiological evaluation
			*Compliance with all treatment provider recommendations
			*Evaluator statement regarding fitness to return to the practice of nursing
			Part H – Submission of Affidavits completed
			Form 4R – Supporting Affidavits (minimum of five) completed
			Affidavits completed and returned to the applicant in a sealed envelope to be submitted with the reinstatement application. Affiant signs name across envelope seal.
			Affidavits should be current.
			Examples of persons that frequently complete these Affidavits include: the applicant's sponsor in a 12-step program; therapist; lifelong friend; acquaintances from 12-step meeting attendance; ministers; former co-workers, etc. Affidavits should be from persons familiar with the reason for the license revocation.
			Part I – Certification completed
			Application should be dated no sooner than 90 days prior to submission
			Detailed letter of explanation regarding the circumstances that resulted in the revocation of the license.
			Evidence of compliance with any previously stipulated terms of a Board Order, e.g., completion of a course, readiness to pay an outstanding fine if reinstated, etc.

			Arrests/Convictions
			Pending charges?
			Felony
			Misdemeanor
			Detailed letter of explanation regarding the circumstances
			Nature of the charges
			Case number
			Jurisdiction
			Certified copies of court records
			Case Action Summary
			Any written Plea Agreement or Deferred Prosecution Agreement
			Documentation of compliance with conditions imposed by the Court
			<i>You should be prepared to explain any arrests or charges that had an impact upon the revocation of your license, regardless of the disposition of the charges. Further, you should be aware that satisfying the requirements of the Court (e.g., treatment, drug screens, etc.) typically DO NOT also satisfy the requirements necessary to complete an application for reinstatement of a revoked nursing license.</i>
			Military discharge , besides "Honorable"
			Official documentation of discharge
			Detailed letter of explanation

Sign and date before submitting to the Board.

X
